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FACSIMILE COVER SHEET

JUL 23 2004

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Deliver to: Steven O. Douglas, USPTO

Art Group: 3751

Facsimile No.: 703-872-9306

Date: July 23, 2004

From: James Henry, Reg. No. 41,064

Our Docket No.: 5153P004

Number of pages 11, including this sheet.

Application No.: 10/626,332

Filing Date: 7/24/2003

Enclosed are the following documents:

Docket Due Date(s):

- Amendment: Preliminary (7 pgs)
- Appeal Brief (In triplicate) (_____ pgs)
- Application: _____
(_____ pgs) w/cover & abstract)
- Assignment & Cover Sheet (_____ pgs)
- Certificate of Faxsimile _____
- Continued Prosecution Application (CPA)
- Declaration & POA (_____ pgs)
- Drawings: _____ sheets, _____ figures
- Extension of Time: _____
- Fee Transmittal (in duplicate)
- IDS & PTO/SB/08 (_____ pgs)
- Other _____

- Issue Fee Transmittal
- Notice of Appeal
- Petition for: _____
- Request for Continued Examination (RCE)
- Reply Brief (____pgs)
- Request & Certification Under 35 USC 122(b)(2)(B)(i)
- Request to Rescind Previous Nonpublication Request
- Response to Notice of Missing Parts & Formalities Letter
- Response to Written Opinion (____pgs)
- Terminal Disclaimer
- Transmittal of Publication Fee Due
- Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Pat Sullivan 07/23/2004
Pat Sullivan Date

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/626,332
		Filing Date	July 24, 2003
		First Named Inventor	Peter C. Hollub
		Art Unit	3751
		Examiner Name	Steven O. Douglas
Total Number of Pages in This Submission	11	Attorney Docket Number	S153P004

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		<input type="checkbox"/> Facsimile Transmittal Sheet	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 23, 2004

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Typed or printed name	Pat Sullivan
Signature	
Date	July 23, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/t) 08/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

338.00

Complete if Known	
Application Number	10/626,332
Filing Date	July 24, 2003
First Named Inventor	Peter C. Hollub
Examiner Name	Steven O. Douglas
Art Unit	3751
Attorney Docket No.	5153P004

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account
Deposit Account Number **02-2666**Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description
1001	2001	386 Utility filing fee
1002	2002	170 Design filing fee
1003	2003	266 Plant filing fee
1004	2004	385 Reissue filing fee
1005	2005	80 Provisional filing fee
SUBTOTAL (1)		(5)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
36	20*	16	x 9.00 =	\$144.00
8	3*	3	x 43.00 =	\$129.00

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Description
1202	2202	9 Claims in excess of 20
1201	2201	43 Independent claims in excess of 3.
1203	2203	145 Multiple Dependent claim, if not paid
1204	2204	43 **Reissues independent claims over original patent
1205	2205	9 **Reissues claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)

273.00

*or number previously paid, if prefer, For Reissues, see below

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

65.00

SUBMITTED BY

Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064	Telephone	(714) 557-3800
Signature				Date	07/23/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (w) 02/10/2004.
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